N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6253

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 50 [illegible]

City St Louis (No. 5843a, Lotus Ave St. ..... Ward)

File No. .....

Registered No. 1283

2. FULL NAME Emma Moritz

(a) Residence, No. 5843a Lotus Ave St., 6 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John George Moritz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8 – 1861

7. AGE: YEARS 70 | MONTHS 2 | DAYS 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger. 10

FATHER

13. NAME Wm Rosenbach
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger.

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger.

17. INFORMANT (ADDRESS) George Moritz 5843 Lotus Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Feb. 10, 1932

19. UNDERTAKER (ADDRESS) Bronschwig Und Co 4740 N Florissant Ave

20. FILED FEB -8 1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6th, 1932

22. I HEREBY CERTIFY That I attended deceased from Aug 31st 1930, to Feb 6th, 1932

I last saw her alive on Feb 6, 1932. Death is said to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance were as follows:

Diabetic Coma — Date of onset 2/6/32

59

59 ①

Other contributory causes of importance:

Diabetes Mellitus — Indefinite

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. Clinic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Harry H. Meyer, M. D.

(Address) 4903 Kilmer